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CONFIRMATION NO. 8772

SERIAL NUMBER 09/699,537	FILING OR 371(c) DATE 10/30/2000 RULE	CLASS 438	GROUP ART UNIT 2815	ATTORNEY DOCKET NO. 2687.3US (94-305.3)
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APPLICANTS
 Walter L. Moden, Meridian, ID;

**** CONTINUING DATA *******
 This application is a DIV of 09/483,483 01/14/2000 PAT 6,265,766
 which is a CON of 08/948,936 10/10/1997 PAT 6,201,304
 which is a CON of 08/574,662 12/19/1995 PAT 5,719,440

**** FOREIGN APPLICATIONS *******
none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 01/02/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ID	SHEETS DRAWING 3	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 12
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS
 James R. Duzan
 Trask Britt
 P.O. Box 2550
 Salt Lake City ,UT 84110

TITLE
 FLIP-CHIP ADAPTOR PACKAGE FOR BARE DIE

FILING FEE RECEIVED 1970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
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Bib Data Sheet

SERIAL NUMBER 09/699,537	FILING DATE 10/30/2000 RULE -	CLASS 257	GROUP ART UNIT 2815	ATTORNEY DOCKET NO. 2687.3US (94-305.3)
APPLICANTS Walter L. Moden, Meridian, ID ;				
** CONTINUING DATA ***** THIS APPLICATION IS A DIV OF 09/483,483 01/14/2000 <i>now U.S. PAT. No. 6,265,766</i> WHICH IS A CON OF 08/948,936 10/10/1997 <i>now U.S. PAT. No. 6,201,304</i> WHICH IS A CON OF 08/574,662 12/19/1995 PAT 5,719,440				
** FOREIGN APPLICATIONS ***** <i>none</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/02/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> No answer Verified and Acknowledged <input checked="" type="checkbox"/>		STATE OR COUNTRY ID	SHEETS DRAWING 3	TOTAL CLAIMS 50
Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		INDEPENDENT CLAIMS 12		
ADDRESS James R. Duzan Trask Britt P.O. Box 2550 Salt Lake City, UT 84110				
TITLE Flip chip adaptor package for bare die				
FILING FEE RECEIVED 1970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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